

VOL. I

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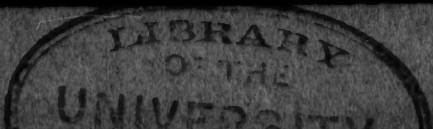
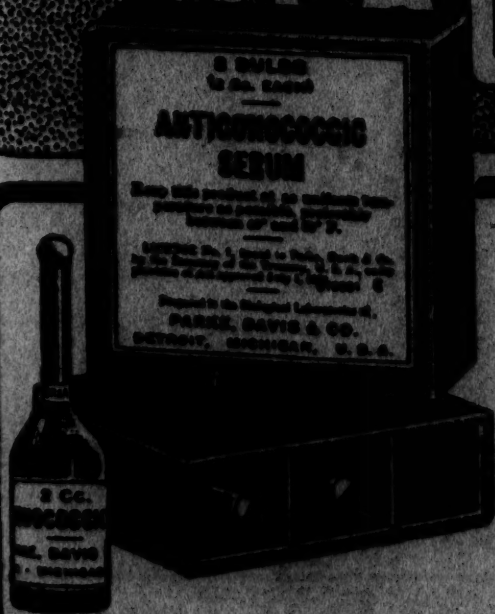
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The California Eclectic Medical Journal

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Original Contributions

CASCARA SAGRADA.

WM. P. BEST, M. D., Indianapolis, Ind.

In 1877, Dr. J. H. Bundy, an Eclectic physician, brought this agent to the notice of Parke, Davis & Co. of Detroit, Mich., and through their efforts and investigations the remedy has justly become a widely celebrated and popular one.

Like many another good remedy cascara sagrada has suffered at the hands of careless or over-enthusiastic prescribers, who have expected it to cure all cases of chronic constipation, or act as a cathartic, neither of which will it do.

But it has a wide field of usefulness when prescribed for conditions for which it has proven its usefulness, and upon which its popularity is based.

Cascara Sagrada is specifically indicated in chronic constipation due to atony of the muscular portion of the bowel walls. This is the one key to the use of this remedy.

Loss of tone in the rectal walls, due to neglect, or from sedentary habits, or attending general atonicity.

These indications narrow the field of application for this agent, yet we find many complaining of chronic inactivity of the bowels who are benefited by its judicious use.

The Pharmacology of the Newer Materia Medica, compiled by Geo. S. Davis, Detroit, Mich., has the following to say of this remedy: "The discovery of the specific action of cascara sagrada on the muscular coat of the intestine, and its power of imparting tone and elasticity to the relaxed intestinal walls, and by this means restoring its natural vermicular movements and thus radically and permanently relieving habitual constipation led to a very extensive trial of the drug in hospital and private practice, and has established its position in the materia medica as *the most important remedy for the treatment of constipation which therapeutic research has given to medicine.*"

Many physicians complain of this, as they do of other well proven, yet illy prescribed remedies, because they lose sight of the careful and specific instructions as to the use of the remedy.

To those disappointed with its use we would suggest a careful re-study of the drug, with a reliable preparation, that they may

learn when and how to use a remedy that will not fail when properly applied.

This one remedy well illustrates the need for proper and thorough understanding of a drug and its action and a due appreciation of the specific conditions for which it is valuable.

There are many diseases in which we are led to think of this drug as a remedy, such as indigestion due to atony, constipation being one of the conditions present, and when the latter is relieved the dyspeptic symptoms disappear, since they are due to one or the other primary pathological conditions.

Headaches or rheumatism due to wrongs of metabolism and the latter traceable to defective functional action will be permanently cured by cascara.

Chronic conditions of this character require time and gentle means to perfect a cure, while harsh or overstimulating treatment terminates in ultimate failure.

There is a class of patients in which we would expect to see cascara do effective work, yet when it is administered alone it fails. Experience with women of sedentary habits, school teachers, needle workers, stenographers and factory workers who sit at machines, and the neurasthenic dyspeptics who have pronounced asthenia of a general character, not only of the nervous system and digestive organs, but are below normal in all the physiological activities, in whom digestion is faulty, especially have they, with other wrongs of metabolism, amylaceous dyspepsia in which cascara will not even correct the attending constipation when exhibited alone.

In such cases, careful inquiry will elicit the fact that a great deal of distress follows eating, especially of starchy foods. The transformation of amylaceous food stuffs into sugar and dextrin is imperfect or incomplete, and a familiar train of symptoms results, constipation being one of them.

It is remarkable to witness the beneficial effect of cascara in such cases when it is administered with a reliable extract of malt.

R. Malt Extract from ounce ss. to ounce I

Cascara Sagrada from gtt. X to gtt. XV immediately after meals slowly and carefully eaten will regulate the bowels, correct the dyspeptic symptoms and after a few weeks the dosage will have to be gradually decreased to a minimum.

These observations are of a corroborative character, yet of such importance and so positive is the remedial effect that they bear repetition.

Like most remedies the study of Cascara alone or in simple combinations, with a definite purpose in view, will give best knowledge of its therapeutic place and value.

A CASE OF NATURE FAKING.

J. A. MUNK, M.D., Los Angeles, Cal.

There is a great difference between myth and fact, yet the former is often substituted for the latter. A myth is only an imaginary creation that is sometimes applied to living objects. Animals and plants are clothed with powers they do not possess and are represented as saying or doing things that are human. Such fairy tales are useful to amuse children but must not be used to deceive or misrepresent nature. Legends have a legitimate place in literature but mythical stories should not be presented as truth.

As fascinating as are Kipling's *Jungle Tales* and Harris' *Uncle Remus* stories no one with a discriminating mind will be deceived into believing them as being absolutely true. They are merely folk-lore stories that were originally made to illustrate some whimsical fancy, but by subsequent repetition became established among the people. Such stories are pardonable and can do no harm unless they are misapplied in the telling, or used with a deliberate purpose to deceive.

Nature writers have carried such exaggeration to extremes and have grossly distorted facts in writing pretended life histories of birds and animals. These persons are called nature fakers because they pervert nature and prevaricate the truth. The evil practice has been carried to such an extent that it has called forth the condemnation of such noted naturalists as Theodore Roosevelt and John Burroughs, than whom none are better qualified to criticise such work, as both are ardent nature lovers and thoroughly versed in wild life lore.

These thoughts were suggested by reading a short article in the May number of the *Sunset Magazine* for this year entitled, "A Miracle of the Plains," which is inaccurate in every essential particular. The author must have known when he wrote the article that he was misrepresenting local conditions, as he has written two books on the Southwest and should be familiar with the facts. But, in relating his story, he seems to be more anxious to be sensational than particular about telling the truth.

He tells of a party of travelers from the east who crossed Arizona during the fifties, and describes the monotony and hardships of the long, tiresome trip. He says that the event happened in the fall of the year and at the beginning of the rainy season, in November. It was during a drought and the country was hot and dry. One night their camp was unexpectedly wet down by a soaking rain. The next morning when they got up and looked about they were astonished to find that the dreary, dry landscape

of the day before had vanished and in its stead was pictured an enchanting scene of living green. The miracle wrought is ascribed to the presence and sudden unfolding of myriads of sleeping resurrection plants. Arizona is famous because of its many natural wonders, but nothing ever seen there was half as startling as the scene described—if true.

In the first place the rainy season in Arizona is in mid-summer during the months of July and August—never in November. The prosperity of the Territory depends upon these rains and if they fail every interest suffers. The heat, also, is never great in November, from natural causes, as the days are then short and the sun's rays fall on a decided slant.

In the second place the resurrection plant does not grow in Arizona, but is found much farther south in Mexico. I have traveled repeatedly all over Arizona during the past twenty-five years and never saw a specimen of the plant growing anywhere; nor did I ever hear it mentioned as being a native of any part of the Territory.

In the third place the color of the resurrection plant is not a "living green." I have bought dried specimens of the plant at curio stores at various times to study as a curiosity. When it is immersed in water it slowly unfolds, but several days of soaking are required to expand its leaves. It could not possibly open out fully in one day nor in a night. Its color is never a vivid green, but a pale, gray-green; and does not attract attention by its color, but by its novelty.

DIPHTHERIA.

JOS. G. TOMKINS, M. D., San Francisco, Cal.

The chief controlling influence which led me to the study of medicine was the desire to do the most good to my fellow men, in the most effective and pleasant manner possible. With this incentive I entered college. After an active practice of twenty years I am satisfied by results that I stepped into the right place.

After an examination into the teachings of the other schools I chose the Eclectic; which proves I was an Eclectic even before entering college, because I chose the best. But a good Eclectic is not only a student, but also a practitioner of all that is good and helpful irrespective of the source from which it is derived; and as knowledge, like currency, is of little value until exchanged; and, as I have received much that has helped me to succeed from the writings of others, I desire to make some little return. It is purely from this standpoint and with this object I offer the following. To save an apology I will say, I am not

trying to write a text book, or record some wonderful discovery, but to express in a few simple words my experience in treating a case of diphtheria.

It is not, nor can any case be treated in a routine manner throughout, or we might as well give up our constant talk of indications. But when we have once decided by a careful diagnosis that it is diphtheria it always presents in the main the same indications, in all cases, always allowing for modifications called for by temperament, environments and complications. These are in the line of our duty to observe and govern ourselves accordingly. There is only one diseased condition, and that is membranous croup, which might lead the inattentive practitioner to err in his diagnosis, and perhaps a few words will assist in making a differential diagnosis and form an excuse for a little digression as well as an excuse for giving a few points in the symptoms of each as I understand them. For the etiology, pathology, etc., you have text books. I will be brief.

Diphtheria is a profound systemic disease, while croup is a local affection. In the outset of diphtheria we have lassitude similar to the invasion of typhoid with a decided rise in body heat. The Klebs-Loeffler bacillus is strongly in evidence and easily demonstrated by culture; and to assist in the diagnosis between a severe case and a mild one in most cases may be confirmed by the loss of the patellar reflex.

The exudate on the mucosa will be thicker than in croup and is firmly adherent to the underlying tissue, bleeding when removed, and afterwards returning. Pseudo-membranous croup, although it invades the same mucosa has a different exudate and although it is possible to find the Klebs-Loeffler bacillus it only proves it to be a complicated case.

Then again there is the characteristic odor of diphtheria which is not present in membranous croup. As I have said diphtheria has its prodroma. Croup comes on suddenly, generally in the evening, and the first alarm the parents get is the stertorous breathing or croupous cough of the child about midnight; and I say whatever your treatment may be for croup don't forget Dr. Abbott's calx Iodata. You can't do better without you add, "clean out, clean up and keep clean," to it. It's a clean idea.

Now let us do what we started out to do and what we are all after, viz., how to cure it. When I am called to a case I make a thorough examination and if it has not developed sufficiently to confirm my diagnosis of diphtheria I give or prescribe

R/ Spec. Med. Aconite. gtt. v—x
 Spec. Med. Sanguinaria
 Spec. Med. Phytolacca aa ʒi
 Glycerine ʒss
 Aqua Pura q.s. ʒiv M

Sig. Teaspoonful every two hours.

The next visit the condition will be improved but the diphtheria will not be affected perceptibly. The improvement is temporary but it proves the efficacy of these specifics for ailments of the throat. By this time that peculiar look as expressed by the eye in almost every case of diphtheria is there and the membrane is in evidence. I know then that I have a case of diphtheria to handle. Of course the throat is swabbed and the swab sent to the bacteriologist to verify the correctness of the diagnosis made, and the house quarantined.

I clean up and clean out with

R/ Calomel
 Soda aa gr. ½ Tablets No. ?

Sig. One tablet every one-half hour until eight are taken, then in one hour one-half to one bottle citrate magnesia. Now we have to exercise our judgment and experience and give remedies as may be indicated. There's generally something doing to call for them, but for the diphtheria—it's there all right. I have met it so often and always treat it in the same old way, i. e. "the bugs," they soon get out and look for more civil treatment. If you are going to use antitoxin "do it now." Anyway I first order R/ Hydrogen Perox. ʒij. Sig. use as directed.

Also R/ Aqua Calcis ʒij. Sig. use as directed. Each being put up in a separate bottle and the directions are, mix enough of each in the atomizer for one treatment of the nose and throat, to be repeated every two to five or six hours as the case demands.

For internal use,

R/ Kali Chloride
 Tinct. Ferri Mur. aa ʒi
 Aqua Pura qs ad ʒiv M

Sig. Teaspoonful every four hours.

I place much confidence in Ecthol (Battle & Co.) Sanguinaria Phytolacca; sedative or stimulant. Cactus or digitalis for the heart if needed, or any other Spec. Med. indicated. It is fifteen years since I lost a case and I have had lots of chances to do so.

MEDICAL TREATMENT OF CANCER.

By S. F. MARCH, M.D., Kansas City, Missouri.

(Concluded.)

One of the cardinal principles in treating diseases of a cancerous or malignant nature is to keep the sore thoroughly clean and aseptic. This can be done by the use of any of the good antiseptics. Permanganate of Potash is preferred in most cases as it seems to possess cleansing powers and disinfectant qualities not found in some of the others. Pix Creosote and Burnay's Blue Tablets are efficient in some cases. He was also put upon an alternative in which Echinacea, Baptisia, Berberis Aquifolium, Dulcamara, Ailanthus Glandulosa and Phytolacca were prominent ingredients when indicated. An escharotic suited to the case was used to get rid of the diseased tissue. Owing to the "scientific" (?) treatment with the X-ray he lost about half his lip, as all the tissue that had come under the one hundred and ninety "exposures" sloughed out. In six weeks' time, under the above treatment he returned to his home well; the growth removed and the lip healed. He has lost about half of the lip and it was difficult for him to hold the saliva in his mouth for a while, but that part of the lip has developed so that he now has no difficulty in doing so.

A short time since he visited me and while the deficiency in the lip can be noticed, yet it does not interfere with his speech whatever. He has had no sign of a return of the trouble.

CANCER OF THE STOMACH.

Cancer of the stomach is extremely difficult to treat because of the involvement of so important an organ of the body. Any derangement of this viscus shuts off an important factor in our well-being—as "we must eat to live." The stomach digests the food we eat and prepares it for assimilation to other parts of the body to keep life within us and you can readily imagine what difficulties a patient labors under to keep life in the body when afflicted with cancer of stomach.

CASE 3—Mrs. K—, a native of Iowa, aged 46 years, applied for treatment in September, 1905. Had been suffering eighteen months with stomach trouble. She had been treated for indigestion, gall stones, ulceration of the stomach, enlarged liver, and not until a well-formed lump developed in the stomach together with other characteristic symptoms, was her trouble looked upon as cancer. Had been confined to her bed more or less, for five or six months prior to this time, and was reduced in flesh until she weighed less than a hundred pounds. Complained of a dull aching pain in the region of the stomach, increased on pressure. The

pain was not increased on introduction of food into the stomach. The lump could be easily detected, and was located in the pyloric end of the stomach and appeared to be larger than a good-sized hen's egg. She was very anemic. The abdominal wall was so thin that when she was lying on her back the lump could easily be seen, as it made a distinct impression on the thin abdominal wall. The characteristic coffee-ground vomit, with the dark tarry stool with constipation and diarrhoea alternated. The characteristic cachectic color with the skin drawn over the cheek bones, hollow-eyed, and as her husband described it, "looked very much the color of a pumpkin."

The treatment in the case was principally constitutional, although a local application of distilled Witch Hazel was made to remove the soreness and pain, as the stomach was very tender and sore and she was so weak that she could not walk across the floor. The treatment varied as symptoms and conditions varied. *Phytolacca* was given for its general influences on the irritated mucous membranes and glands of the stomach. *Pulsatilla* was prescribed for its soothing effect on the nervous system. Iodide of Potash was used for its peculiar affinity for the relief of cachectic conditions and its action on the glandular system. Subnitrate of Bismuth was used for the pyrosis existing and the gastric flatulence and extreme acidity of the stomach, especially from the presence of lactic and butyric acids. *Hydrastis* was used for its influence on the mucous membrane of the stomach and as to the most natural stimulant to the normal function of digestion.

Calendula has its use in cases of this kind as it helps to relieve the pain and quickly relieves the soreness, and to a great extent prevents a contraction of the tissues and the formation of a cicatrix and quickly heals ulcerated surfaces, as well as allaying nausea and sickness at stomach.

Baptisia has its place in the treatment of this class of cases and exercises a great influence upon the glandular system of the whole alimentary canal, re-enforces the character of the blood, prevents the destruction of the red corpuscles and carries off the waste material and has a marked sedative power.

Iris Versicolor was used in this case for its effect upon the mucous membranes of the digestive tract with an altered secretion; nausea or vomiting of an acid liquid, with burning and distress in esophagus and stomach.

Thuja was used for the abortive effect this remedy exercises over cancerous tissue and in retarding its growth as it exercises a specific influence over abnormal growth and tissue degenerations and especially those of an epithelial character.

Sulphite of Sodium found its place in the treatment of this

case, especially in the beginning of the treatment, when the tissues of the tongue possessed that peculiar symptom of pallor, and was also covered with a dirty fur, or with a whitish or yellowish thick, moist coat. It also aided in correcting the fermentation.

Arsenicum finds a place in the treatment of cases of this kind for its stimulating effect upon the stomach and promoting the flow of the digestive fluid and materially improving the tone of the stomach and is especially indicated where there is an engorged or a noedamatus condition of the cellular tissues, with the deficiency of normal elasticity. And when this condition is due to an inactive liver and spleen it is especially useful.

About five weeks after the writer was first called to see this patient she was suddenly taken with a violent sneezing paroxysm and continued to sneeze several hours. Each time she complained of excruciating pain which was followed by quite a profuse hemorrhage from the stomach, after which she fainted and remained in a semi-conscious condition for some hours.

After regaining consciousness again, she expressed herself as being entirely relieved—no more pain or soreness in the stomach, the lump seemed to have shifted its position, and in a day or two could not be located in the stomach at all. Some four or five days later there was passed from the bowel a tumorous mass that was about four inches in length and one and a half inches in diameter. Upon careful examination it was found to be composed of dark substances resembling clotted blood and upon a more careful examination it was found to consist of tissue formation and a microscopical examination proved it to be formed of Epithelioma Cancer cells. In ten days the patient had developed a ravenous appetite and was never troubled any more with vomiting or sickness of the stomach. From this on she was allowed more solid food which was retained and digested and she began to improve, increasing in strength and gaining in weight and by November 1st was able to leave her bed.

The writer saw and examined her within the past month and found her to be in perfect health. She weighs one hundred and ninety pounds and has not had a sick day since November, 1905.

Her general health is in excellent condition and she can do a great deal of work without fatigue or complaint and considers herself a well woman.

CANCER OF THE RECTUM.

This disease is equally as difficult to treat as cancer of the stomach as the location is as difficult to reach with remedies as that of the stomach and for the further reason that lesions of the rectum are kept irritated by the accumulation and passage of the

feces when the bowels move. However, by the internal and local use of the indicated remedies the majority of cases can be cured, if they are secured in time.

CASE 4—Mr. M—, a farmer, aged 45 years, a native of Nebraska. This gentleman came under my care March 17th, 1904, and gave a history of having suffered from piles for four years. Eighteen months prior to coming to me he had undergone an operation for what he termed an internal hemorrhoids. There was considerable trouble in getting one side to heal. He remained for treatment in the hospital where the operation had been performed, about four months and finally went away before it was entirely healed.

At the time I saw him there was a well-formed tumor located on the left side of the rectum, two and a half inches to three inches inside of the internal Sphincter that appeared to be larger than a quail's egg. Microscopical examination of a portion of this tumor revealed the fact that it was a cancer of the Epithelioma type. His general health was very much run-down and he was very weak and anemic. He was also suffering from intense pain in the back and hips with almost a constant desire to evacuate the bowels. He said he frequently went to stool as many as thirty and forty times in twenty-four hours, but was, usually, only able to pass a small amount of mucous mixed occasionally with blood and when a freer passage was needed he was compelled to use an enema, which always gave him great pain and could only get them thoroughly evacuated by lying flat on the back and kneading his abdomen with his hands.

Internal treatment was commenced by giving him the Comp. Syr. of Hypophosphites, three times a day to which his system responded nicely. The lower bowel was thoroughly cleansed every day, using an antiseptic solution of permanganate of potash, after which an injection of a preparation of Thuja was thrown into the bowel, through a long glass tube syringe and carried above the tumor mass and patient compelled to lie on his left side for two or three hours before getting on his feet again.

Other internal remedies were given as the conditions indicated. Aconite, Baptisia, Phytolacca, Nux Vom., Echinacea, Gel-somium, Iodide of Potash, Ergot and last, but not least in effectiveness, Collinsonia for its specific influence in the control of the blood circulation in the rectum.

He was under my personal care and attention for almost four months at which time the tumor had been reduced to about the size of a cherry.

His general health had improved, increased in weight, better control of bowels, could sleep fairly well. It being necessary for him to return home for a short time, I prepared treatment to take with him and gave him instructions as to its use and gave him a three weeks' vacation with instruction to return at the end of that time. In three weeks he wrote me that he was doing nicely and had continued to improve right along and had been able to use the medicines very satisfactorily, and he was advised to continue and send for more medicine. I did not see him for about four months and upon examination found the tumor had entirely disappeared. He stopped all treatment as his general health had entirely recovered, but he was instructed not to perform any hard manual labor, especially anything that would require him to be on his feet any length of time.

I had the opportunity of seeing him once a year since and upon examination, less than a month ago, I did not find any trace of the tumor whatever. He tells me that during the past year he has performed a man's work on a ranch and he has felt no inconvenience from doing so.

CANCER OF THE UTERUS.

CASE 5—Mrs. H—, aged 50 years, came under my observation in February, 1903. She was the mother of six children. At the birth of the last child, ten years previous to the above-named date, extensive laceration took place which had not been repaired and had given her more or less trouble ever since. An older sister had died from cancer of the Uterus.

Mrs. H., had been treated by several physicians for her affliction before she came under my care and each had diagnosed her trouble as cancer, and of course advised operative measures. She refused to submit to a surgical operation and said if she could not be cured by some other method, would have to die as her sister did.

When she first came under my treatment the womb was very much enlarged, especially the os and neck and about one-half of the fundus, or body. There was a large ulcer on the os and a portion of the tissue had been removed by sloughing.

She was suffering with extreme pain in the hips and back with a bearing-down sensation and occasional hemorrhages with a profuse discharge and disagreeable odor. She was very anemic from loss of so much blood and health very poor. The bowels were very irregular in action, alternating between constipation and diarrhoea. Her appetite was good, yet her food did not as-

simulate properly and seemingly did but little good, as she gradually lost in weight and only weighed 94 pounds when she began my treatment. Both local and internal treatment was used. For local applications I used wool tampons saturated with Thuja, a weak solution of Chloride of Zinc, alternated preparations of Bismuth Subnitrate, Hydrastis, both in powdered form, and other specifics as indicated. Antiseptic washes to keep the parts clean, were always used and the bowels kept regular and in a healthy condition by the use of the proper remedies. For a period of several weeks she was given iron, quinine and strychnia to tone up the general health and make better blood.

Calcarea Fluor. 3X, was also given for its beneficial influence, generally.

Arsenicum from the 3X to the 12X was given for its special tonic effect.

Phytolacca, Echinacea, Baptisia, Pulsatilla, Ergot, Gelsemium, Aconite, Viburnum and other remedies were used as conditions would indicate them. She continued under my care and treatment six months, at the end of which time I dismissed her as cured. I have examined her from time to time in the past few years and find the parts remain entirely healed and the womb remaining the normal size for a woman of her age.

Now in conclusion I would speak a word for the *specialist* in this line, and claim that he has a place among the *physicians* of the land, even though he *restricts* his practice to certain diseases, provided, of course, he prepares himself for the work he undertakes and does a legitimate, honest business.

Those afflicted with the disease he treats may be few in number in the vicinity where the specialist is located, therefore he must needs use some method of letting the afflicted know of his ability to treat them. This may be done in many ways—the most prevalent methods being by recommendation of his brother physicians after their due investigation, or the *proper* use of the Lay Press and Medical Journals.

I will admit that the Lay Press is sometimes used by Charlatans for *improper* purposes and not for the good of their fellow beings. This is not the kind of use the specialist, who wishes to do good in the treatment of disease should resort to. But the specialist that has spent his time in study, research and development of methods to cure certain classes of disease and has fully demonstrated by practical examples of *living patients* that he has cured those that had been classed by other physicians as *incurable*, should not be classed as being “*unethical*,” or snubbed, or

the cold shoulder turned toward him by his brother physicians, if he lets his "light shine," through the medium of the Lay Press, that the sufferer may know what can be done to ease their sufferings and prolong their lives. The physician that usually "howls" the most against the specialist is the one that has told his patient to "let it alone," "it will get well itself" and such foolishness.

Let the *specialist* have fair play at your hands. He is only treating those cases that you *don't* or *won't* treat and if he can do them good you should wish him "God speed."—*Transactions National Eclectic Medical Society.*

When paraffin is injected subcutaneously allowance should be made for increase in the size of the mass by the growth of connective tissue around it.—*American Journal of Surgery.*

Diverticulum of the bladder, associated with cystitis, may produce symptoms resembling those of prostatic hypertrophy.—*American Journal of Surgery.*

A mediastinal tumor may be present for some time without other symptoms than cough, expectoration, loss of flesh and slight fever—thus simulating pulmonary tuberculosis. A skiagraph will determine the condition; laryngoscopy is also helpful for adductor paralysis is frequently an early sign.—*American Journal of Surgery.*

Probably the most important step in radical inguinal hernioplasty is the *total* removal of the sac. It should be traced back to the loose peritoneum itself, exposing the deep epigastric vessels, the ligature or sutures to be applied at that level. To leave even a little projecting knuckle of peritoneum invites recurrence.—*America Journal of Surgery.*

Preauricular pain and tenderness points to an enlarged lymphatic gland, a decayed tooth, an affection of the parotid or a neuralgia of the fifth nerve; auricular tenderness itself indicates some affection of the auricle or the external canal; post-auricular tenderness may be hysterical or indicate mastoid disease.—*American Journal of Surgery.*

In many instances where a patient is supposed to have merely a sprain of the ankle, there is some fracture around or into the joint. Signs of fracture should be carefully sought for. Where nothing can be found around the ankle on examination and the patient still continues to complain of pain and weakness, a skiagraph may show a transverse fracture of the os calcus which is held in place by the flexor muscles.—*American Journal of Surgery.*

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O. C. WELBOURN, A.M., M.D.

Editor

D. MACLEAN, M.D.
Associate Editor

P. M. WELBOURN, A.B., M.D.
Assistant Editor

SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

J. W. FYFE, M. D., Saugatuck, Conn.

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FINLEY ELLINGWOOD, M. D., Chicago, Ill.

PITTS EDWIN HOWES, M. D., Boston, Mass.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

S. F. MARCH, M. D., Kansas City, Mo.

J. B. MITCHELL, M. D., San Francisco

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SCIENTIFIC WILL O' THE WISPS.

It would seem that some of our good friends have lost their appetite and are lying awake nights lamenting the fact that medicine is not one of the so called exact sciences. All of which is quite unnecessary, for a variety of reasons. We venture to suggest that there is no such thing as an exact science. Even mathematics is only approximately so, notwithstanding it rightly may be considered as the corner stone of scientific endeavor.

When attending literary college we were much interested in mathematics and at the conclusion of the usual course in Algebra the class was confronted with a problem which proved conclusively, by the most elementary rules, that two unlike quantities were equal to each other or to any other quantity. Stated in figures it meant that $2+3=4$ or 6 or 8 or any other number that may be selected. All of which is absurd because it is unbelievable. Again, in geometry it is alleged that parallel lines never meet however far they may be extended. This proposition is quite difficult to prove, in fact it is much easier to prove that parallel lines do meet. But it is also absurd because it is unbelievable. These are simple illustrations which show that mathematics is not an exact science, and they serve to introduce the following query:

If we cannot prove beyond peradventure that $2+2=4$ and no

other number, and that parallel lines never meet; what can we prove? Certainly nothing in medicine. But on the other hand every body knows that both propositions are true even though we cannot prove them. We cannot say that we know these things because they are reasonable for the lack of proof leaves reason stranded, and the logical process is never completed. Yet the fact remains that we do know these things are true of our own knowledge. And the further fact is likewise obvious that we know a great many things the reason for which is not quite clear, and sometimes not susceptible of indisputable proof. For instance a cat meows and a dog barks, an owl hoots and a nightingale sings. Will some one kindly tell us why a cat does not bark and an owl does not sing? Again why should not a horse have a cow's horns or a cow's tail? An overnight exchange certainly would look funny at first—but why not? To say that it is the nature of the beast gives no reason whatever; and yet there are thousands of similar examples in the animal kingdom equally unknown. But, let us consider the vegetable kingdom, particularly medicinal plants. Take such commonly used alkaloids as morphine, strychnine and quinine. Each has an action peculiar to itself and if given in large doses each one will result with such violence as to be observed by the dullest intellect. Very dimly we can see how each of these drugs act, but can anyone give a plausible theory as to why each one acts in its own peculiar manner? Why does not morphine have the action of strychnine and why does not strychnine have the action of morphine? Assuming that the action of either was absolutely unknown who could fortell what it would be? The facts are that every one of our important remedies was discovered and is now used empirically. Many new remedies are introduced each year which theoretically ought to do this or that, but how long do they last? The credulous doctor gives each a few trials and then reverts to his old remedy. After a while it may dawn upon him that a change is seldom an advancement. If he also learns that certain drugs act in a certain way, and then if he understands that way, he is on the high road to success, even though he has not the faintest inkling as to the how or why one of his drugs acts as it does act. The theory of its action may be interesting, but certainly it is not very essential. To state that it is necessary to know the scientific mode of action of a drug before it becomes useful is positively absurd. A child is killed just as quickly by helping itself to "rough on rats" as it would be if the doctor gave it a like amount. Furthermore the small dose of Specific

Aconite acts just as promptly when indicated no matter who gives it, and suggestion is neither necessary nor helpful.

The practice of medicine is pure empiricism—the knowledge gained by the observation of the means of mitigating the sufferings of millions of people, extending over a period of thousands of years. Is this knowledge valueless? Were all of these observers either fools or rascals? We regret the necessity of suggesting that some of our friends can see nothing in *materia medica* because they know nothing about it. Truly, the practice of medicine is not a science, but neither is the practice of agriculture for that matter. Rather is each one an art, and to our mind a very necessary art, if the life or health of the people is to be preserved.

THE ESKIMO—A DYING RACE.

By J. H. ROMIG, M.D., Nushagak, Alaska.

Since the early settlement of America the problem of the Indian or aboriginal race of this country, has cost the United States many dollars and not a little trouble. The Indian has been, and the Eskimo is now, like the patient of a certain doctor. Daily a friend would ask how the sick man was doing, and receive the reply: "He is improving." Finally the man died and some one asked the friend if he knew what the man died of. The friend replied that the man must have died of improvement as that is what the doctor daily reported as his condition.

The government and various churches have and are working hard for the improvement of the Eskimo and yet he is thoroughly diseased and ere long will be known but to history, unless some new and decided course be taken for his relief. Congress passes laws to preserve the game and natural food supply of the Eskimo; money is appropriated for his education; churches point him to a celestial home where sickness and sorrow never come, and the missionary completes the doleful tale, "The Lord gave—the Lord hath taken away, etc., etc."

The facts remain that fully two-thirds of the race are infected with tuberculosis, syphilis, gonorrhoea and allied diseases not traceable to the Eskimo as a race, but diseases introduced from other races, settling the country. Congress, the churches and education play no part in this condition nor do the bulk of the settlers; yet why should more than half the infants die before they are three years old, and half of the remaining die before they arrive at maturity?

For first consideration we must look into the home of the Eskimo of the interior and western coast. The house is a dugout, partially or wholly below the ground; windows are few and in

many instances the only light comes through a central hole in the middle of the roof, not more than two feet square. An entry, with double doors with a long musty tunnel between the doors, prevents the admission of air in winter. There are no floors and many have but a mat of straw for a bed. Some houses have stoves and some have not. Smoky, seal-oil lamps render the air less agreeable as the night lengthens. The old and decrepit do not go out of the house except in fine weather. Consumption is the ailment of most of those confined to the house. With no knowledge of sanitary rules, these consumptives expectorate freely all over the floor and the occasional fire from the stove or from the center of the house on the floor dries the sputum and it is raised in dust to be received by those coming in with lungs congested from the cold air of the winter; or by those suffering with a bronchitis. Infection follows and the same story repeats itself. Those that are so far gone that they cannot get out of the house sit and chew dry fish for the children who cannot chew for themselves, mixing saliva and tubercular germs with the fish for the helpless infant. Shortly, the child's stomach distends, a fever supervenes and the little one passes away from acute tubercular peritonitis or meningitis, and some old medicine man gets the blame for killing the child.

The moral standard of the Eskimo is not above reproach in certain instances, and coming in contact with Chinese, Japanese and some white men they contract syphilis of the most virulent form, adding also chancroidal infection. Not a few literally rot to death, the lesions are so large and offensive. Others acquire gonorrhea and pass it on in a remarkably adept manner. I have treated a whole family for this. The father had gonorrheal conjunctivitis, the mother the real thing, and also the son and a little girl of 11 years had an acute infection. Now the girl was innocent as to the cause of infection, as examination showed, but in this and syphilitic infection and all other diseases with a discharge the hands and rags used for cleansing the same are not in turn rendered sterile and new infections arise from lack of cleanliness, all because ignorance of the cause of disease prevents ordinary precautions.

During the epidemic of measles and influenza in 1900, at the time when the fever was present and the rash was coming out, the Eskimo would go out in the wind and rain to cool off and go in again and die of pulmonary congestion and pneumonia. When mumps took him he remained quiet for a time, but as soon as possible took a hot bath and promptly had orchitis. When the Eskimo is sick he thinks the spirits are offended, but never attributes the disease to natural causes. His fathers have lived

before him like this, why not he. His father did not have these diseases to pass along as now, nor did he have the sugar and brown flour to make a deadly drink to cause him to expose himself still more to the diseases present.

The natural food of the Eskimo is meat, and mostly fat meats, and the climate is so stimulating that he naturally resists consumption; but he lives in such a manner that were not the climatic surroundings so favorable the race would perish still more rapidly. The clothing of the land is fur for the most part, but he trades that for cheap cotton goods and again lessens his chances by being improperly dressed. The food he buys from the whites he does not cook properly, often making cakes of flour and water with no salt or baking powder and other foods similarly poorly cooked, to the detriment of his digestion.

The Eskimo is not growing with the country; he is rapidly becoming extinct as a race.

If we are to keep the Eskimo with us he must be made to live in a healthy home, he must stop spreading disease and be taught to live off the resources of the land. He needs no government annuity, no encouragement to be lazy by unnecessary assistance of supplies, for the country will provide him all he needs if he is taught how to adapt himself to the new order of things and earn his bread by the sweat of his brow, and live in a decent home with pure air and a few cuspidors for the consumptives.

The Bureau of Education at Washington realizes much of this condition and is providing in certain parts physicians for the relief of the sick. The Bureau proposes the teaching of sanitary measures in the schools and villages, but without some semblance of authority, some backing of Congress in the judicial department, and without prompt and available funds, what will good intentions do?

It is not only the diseased generation that needs care; but it is the coming generation that should be protected from the ravages of the present ailments that the race may be preserved. The diseased will die and the healthy may live if not infected in early childhood. Book learning and church teaching should not be neglected but the health of the Eskimo and the development of his own resources take precedence over all else at this time.—*Medical Era.*

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Chicago, Ill., June, 1909. J. K. Scudder, M. D., Cincinnati, Ohio, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets May, 1909. J. A. Munk, M.D., Los Angeles Cal., President;

J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1909. E. R. Harvey, M. D., Long Beach, President; A. P. Baird, M. D., Auditorium Bldg., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. Dr. M. Blanche Bolton, San Pedro, Cal., President; Dr. P. M. Welbourn, 818 Security Building, Los Angeles, Secretary.

STATE SOCIETY.

A great deal of interest is at present centered on the attitude of the so-called "irregular" systems of medicine, and justly so, for did not one of the prominent Eastern "regulars" a short time ago echo the announcement previously made, that "the future of American Medicine lay in a revival of faith in therapeutics."

With the great wave of skepticism flooding the country and the determined effort to replace legitimate medicine by all kinds of fads and fancies, it behooves us as Eclectics to make a vigorous stand for the principles of American Medicine demanding for our *Materia Medica* the place it so capably fills. Adverse legislation must receive our united attention, and indeed all our efforts must be in unison if we are to accomplish anything. The new National Eclectic Medical Association composed of the respective State Societies in their entirety is well worthy the support of every Eclectic.

Show your personal interest by your attendance at the annual meeting of the Eclectic Medical Society of the State of California, in San Francisco, May 25-26-27, 1909.

DR. J. A. MUNK, President.

DR. J. PARK DOUGALL, Secretary.

NEWS ITEMS.

Dr. F. G. de Stone may be addressed at 12 Geary St., San Francisco.

Dr. J. G. Tomkins is located at 4025 24th St., between Noe and Castro, San Francisco.

Medical Notes and Queries, published in Philadelphia, has discontinued publication.

Dr. Frederick D. Webley has moved from Santa Cruz to Santa Rosa. Post office box No. 518.

Dr. G. W. Finch has been in the Westlake Hospital suffering from an attack of rheumatism.

The next meeting of the State Board of Medical Examiners will be held in Los Angeles on December 1, 2, and 3.

Dr. L. A. Perce, Long Beach, entertained with a large dinner party recently, in honor of his niece, Mrs. Shaw, from Manila, Philippine Islands.

The Committee on Medical Legislation, Dr. Perce Chairman, is busily engaged in perfecting their plans and will be able to give an excellent report of their work at the proper time.

Dr. O. S. Laws, who has been ill for a number of months, has regained his former health. Dr. Laws is probably the oldest practicing Eclectic in the State, having graduated from E. M. I. in 1854.

The next monthly meeting of the Los Angeles County Eclectic Medical Society will be held on December 1st at 818 Security Building. The election of officers for the ensuing year will be held at that time and a full attendance is desired.

Dr. G. A. Hinton is the only Eclectic in Hot Springs, Arkansas, and is located in the Kempner Building. He is a member of the National Eclectic Medical Association; president of the Arkansas State Eclectic Medical Association and a member of the Board of Medical Examiners of Arkansas.

From the daily newspapers we glean the fact that our friend, Dr. A. S. Tuchler, 703 Van Ness Ave., San Francisco, played an important role at the time of the attempted assassination of Prosecuting Attorney Heney of San Francisco. Dr. Tuchler was the only doctor present for some time after the shooting.

We have received some clippings from a Cincinnati paper which proves that as usual Dr. John Uri Lloyd's influence is being exercised in favor of everything being shown up in its true light. He has been greatly interested in the pure food law, which insists on all goods being labeled with the names of their constituents. The distillers of whiskies represented in Cincinnati, have filed an injunction which if sustained would permit them to label imitation whisky so that it cannot be distinguished from the true article. Prof. Lloyd's evidence in these cases before the courts has been decisive in favor of the distinction being plainly shown. —(*Ellingwood's Therapeutist.*)

Polypi in the ear (as in the nose) indicate diseased bone conditions. Removal of the polyp does not prevent recurrence; removal of the diseased bone does.—*American Journal of Surgery.*

A feeling of discomfort in the mouth while eating may be the first signs of a calculus in one of the salivary ducts.—*American Journal of Surgery.*

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